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Bib Data Sheet

CONFIRMATION NO. 6039

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| SERIAL NUMBER 10/649,996 | FILING DATE 08/26/2003 RULE | CLASS 219 | GROUP ART UNIT 1725 | ATTORNEY DOCKET NO. 59735 | | | | | | | | | | | | |
| APPLICANTS Edward D. Crouse JR., Needmore, PA; Blair Sutton, Lawrence, KS; | | | | | | | | | | | | | | | | |
| ** CONTINUING DATA ***** | | | | | | | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | | | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/15/2003 | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Foreign Priority claimed</td> <td style="width: 10%;"><input type="checkbox"/> yes</td> <td style="width: 10%;"><input checked="" type="checkbox"/> no</td> <td style="width: 40%;"></td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes</td> <td><input checked="" type="checkbox"/> no</td> <td>Met after Allowance</td> </tr> <tr> <td>Verified and Acknowledged</td> <td colspan="3"> <div style="display: flex; justify-content: space-between;"> <div>Examiner's Signature _____</div> <div>Initials _____</div> </div> </td> </tr> </table> | | | | | Foreign Priority claimed | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | | 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | Met after Allowance | Verified and Acknowledged | <div style="display: flex; justify-content: space-between;"> <div>Examiner's Signature _____</div> <div>Initials _____</div> </div> | | |
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| Verified and Acknowledged | <div style="display: flex; justify-content: space-between;"> <div>Examiner's Signature _____</div> <div>Initials _____</div> </div> | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">STATE OR COUNTRY PA</td> <td style="width: 20%; text-align: center;">SHEETS DRAWING 6</td> <td style="width: 20%; text-align: center;">TOTAL CLAIMS 24</td> <td style="width: 40%; text-align: center;">INDEPENDENT CLAIMS 3</td> </tr> </table> | | | | | STATE OR COUNTRY PA | SHEETS DRAWING 6 | TOTAL CLAIMS 24 | INDEPENDENT CLAIMS 3 | | | | | | | | |
| STATE OR COUNTRY PA | SHEETS DRAWING 6 | TOTAL CLAIMS 24 | INDEPENDENT CLAIMS 3 | | | | | | | | | | | | | |
| ADDRESS 24230 HARSHAW RESEARCH INCORPORATED P O BOX 418 OTTAWA , KS 66067 | | | | | | | | | | | | | | | | |
| TITLE Method and apparatus for customizing louvered blinds | | | | | | | | | | | | | | | | |
| FILING FEE RECEIVED 411 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <table style="width: 100%; border: 1px solid black;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit | | | | | | |
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| <input type="checkbox"/> Credit | | | | | | | | | | | | | | | | |